

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825

Telephone Numbers:

Administration Unit (916) 263-2540
 Examination/Licensing/Record Storage (916) 263-2544
 Complaint Unit (916) 263-2533
 FAX (916) 263-2469



**REQUEST FOR CHANGE OF
 LICENSEE'S NAME
 FEE \$2.00**

FOR BOARD USE ONLY

Cashiering No:

Checked by:

Effective Date:

Present Name:

License No:

Address

City

State

Zip

New Name:

Address

City

State

Zip

Application must be accompanied by:

1. \$2.00 Fee. Remit by money order, **cashier's** check, or personal check payable to the Structural Pest Control Board.
Do not send cash.
2. Wall license and proof of change of name.

I hereby certify under penalty of perjury under the laws of the State of California that this change of name is not for the purpose of defrauding credits, or any other person(s) for circumventing the provisions of the Business and Professions Code of California or any other law of the United States, State of California or any political subdivision thereof.

Signature(s)**Title****Date**

If licensed as an individual or sole owner, that individual must sign this application. A partnership must be signed and acknowledged by each partner. A corporation application must be signed by an officer of the corporation, a shareholder, and by each qualifying operator.